Committee Name:	MA -	ව් - 0	
SOUTHERN DEMOCRATIC UNION	F	2 2	
If registered, FEC ID:	 2	7)	
Today's Date:		<u> </u>	
3-6-2015	-		

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization - Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Nar	ne:		406
RICHARD	DEREK	STEPHENSON	Treasurer

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STATEMENT OF

RECEIVED

FORM 1	ORGANIZA	ATION	20 5 MAR 19 AM 6: 54 Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
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ADDRESS (number and street	51711 HOMFIS	ITIEIAIDI ILIMI	
☐ ◀ (Check if address is changed)			
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00111111111111111111111111111111111111	DRESS		•
(Check if address is changed)	JAMESQUAL	L15121418161M1A11	161. C10 M1.
0 3 6 1	Optional Second E-Mail Ad D S T E P H E N S		1A11 L1 · C10 M1
O COMMITTEE'S WEB PAGE	ADDRESS (URL)		
(Check if address is changed)	s		
2. DATE 0 3	06 2015		
3. FEC IDENTIFICATION	N NUMBER ▶ C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDĖD (A)	
I certify that I have examine	ed this Statement and to the best	of my knowledge and belie	f it is true, correct and complete.
Type or Print Name of Trea	surer <u>Bochard</u>	D Stephe	NJON
Signature of Treasurer	Mal I St		Date O3 'O6' 2015
NOTE: Submission of false, e	erroneous, or incomplete information ANY CHANGE IN INFORMAT		ng this Statement to the penalties of 52 U.S.C. §30109. D WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Community Toll Free 800-424-9530 Local 202-694-1100	nission (Periord 05/2010)

	PE OF Condidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information belo	w.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	omplete the candidate
	ne of didate		<u> </u>
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Can			
		imittee:	(0)
		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Par	rty Com	(National, State	•
Par	rty Com	This committee is a (National, State or subordinate) committee of the	Republican, etc.) Party.
Par (d)	rty Com	This committee is a	Republican, etc.) Party
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Par (d)	rty Com	This committee is a	Republican, etc.) Party. connected organization is a Labor Organization Cooperative
Par (d) Pol (e)	itical A	This committee is a	Republican, etc.) Party. connected organization is a: Labor Organization Cooperative

Page 2

(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committee	s (2aı	ticipa	iting i	n Joint	Fun	dra	ais	er	

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FEC Form 1 (Revised 02/2009)

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FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	,	
Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
VONE		
		1 1 1 1 1 1 1 1 1
Mailing Address	<u> </u>	
Walling Address		
	CITY STATE	ZIP CODE
Custodian of Records: Ide	ntify by name, address (phone number optional) and position of the person	n in possession of committ
books and rooms.		
Full Name		
Mailing Address		
•		
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	<u> - </u>
Treasurer: List the name as any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	I the name and address of
Full Name of Treasurer	HIAIRIDI IDIFIRIFIKI ISITIEIPIHIEINISIOIN IIII	
Mailing Address	11192 RIDICICIINISI MILLILI RIDI	
Title as D. '''	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Z ₁ 7 ₁ 5 ₁ 4 ₁ 0] ZIP CODE
Title or Position	Telephone number 9 1 9	1]-[5,5,7]-[3,1,4,

FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of Designated Agent JA M	1ES HINNTON QUALLES	5	
Mailing Address	5,7,1, HOMESTEAD 16	<u> </u>	
	A N 6 1 E R CITY	STATE	2 ₁ 7 ₁ 5 ₁ 0 ₁ 1]-
Title or Position $P_{ R E S i D_iE_iD_j}$	Tele	ephone number 9 1 1 9]- <u>6,2,2</u>]- <u>8,7,8,1</u>
safety deposit boxes or m Name of Bank, Depository			
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	$A_1N_1G_1I_1E_1R_1$		2,7,5,0,1]-
	СІТҮ	STATE	ZIP CODE
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Mailing Address	<u> </u>	111111	
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(CITY	STATE	ZIP CODE

CALEIGH NC 2.75

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FEDERAL ELECTION COMMISSION

999 E STARET, N.W.

WASHINGTON, D.C. 26463

FEC MAIL CENTER

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of, Receipt **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS** Priority Mail Express Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED